

# Legends Equestrian Center

Start *Your* Legend

## 2016 - RELEASE AND INDEMNIFICATION AGREEMENT

Heather Swope  
Owner/Instructor  
479/366-5860

In consideration of Legends Equestrian Center providing riding instruction to the undersigned \_\_\_\_\_ (name of student, if parent or guardian executes this agreement); the undersigned student (or parent or guardian of student) hereby releases, discharges and agrees to indemnify and hold harmless Legends Equestrian Center and instructor against all claims, injuries, and/or damages incurred or caused by the students participation in said riding instruction lessons.

Beginner &  
Intermediate  
Instruction

Further, the undersigned student or parent/guardian hereby assumes all liability for any suit, claim, injury or damage occasioned by the student's participation in said riding lessons and further assumes all risks of damage or injury from any cause, action, omission or occurrence caused by Legend Equestrian Center, its trainers, employees, agents and independent contractors.

Equitation  
Hunt Seat  
IEA  
Upper & Middle  
School Teams

Legend Equestrian Center requires that all riders wear a helmet/hard-hat at all times when on a horse on the premises of Legend Equestrian Center and Common Areas regardless of Boarder or Student.

Jumping  
Eventing

The undersigned hereby covenants and agrees, in furtherance of his/her obligation under the terms of this agreement to defend Legend Equestrian Center, its trainers, employees, agents and independent contractors against all suits, claims, demands and actions by and through counsel chosen by Legend Equestrian Center.

17341 WHwy 102  
Decatur, AR  
72722

\_\_\_\_\_  
Signature of Student (if over 18)

\_\_\_\_\_  
Parent/Guardian (if under 18)

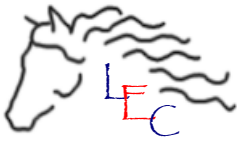
Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Student's Telephone: \_\_\_\_\_

[www.legendseq.com](http://www.legendseq.com)

**WARNING**

**UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT  
LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT  
IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK  
OF EQUINE ACTIVITIES.**



**MEDICAL HISTORY AND RELEASE**  
(To be Completed in Full by Each Rider and Handler)

Information below is intended solely for Legends Equestrian Centers use in aiding the rendering of appropriate emergency care. It is not used as a device for the screening of riders and handlers.

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Wk #	Cellular Phone #	E-Mail Address
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Have you had any spinal or coronary injuries or defects or been diagnosed as having an arthritic condition?  
 Yes       NO      If "YES", give details \_\_\_\_\_

Date of most recent tetanus inoculation (state, "none" if applicable): \_\_\_\_\_

Are you allergic to any medication?       Yes       NO  
 If "YES", indicate all known allergens: \_\_\_\_\_

Are you allergic to any specific foods, or have any special dietary needs that Legends needs to be aware of?  
 Yes       NO

If "YES", indicate all known allergens or food items that should not be ingested: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been advised by a doctor not to participate in equestrian sports?       Yes       NO  
 If "Yes", give details: \_\_\_\_\_

Do you have any condition or handicap that might impair your ability to participate in any equestrian sport?  
 Yes       NO

If "Yes", give details: \_\_\_\_\_

Do you have any prior injuries that may impair your ability or cause pain when participating in any equestrian sport?       Yes       NO

If "Yes", give details: \_\_\_\_\_

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**IN CASE OF EMERGENCY CONTACT:**

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_

Work #	Cellular Phone #	E-Mail Address
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Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_

Work #	Cellular Phone #	E-Mail Address
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Other Contact \_\_\_\_\_ Relationship (if any) \_\_\_\_\_

Work #	Cellular Phone #	E-Mail Address
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